

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

State File No. **39814**

BIRTH NO. _____ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **5424** Registrar's No. **168**

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|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - | | | | c. CITY OR TOWN Campbell | | | |
| c. LENGTH OF STAY (In this place) 6 yrs. | | | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Luther Bowling residence Rt. 1 | | | | e. STREET ADDRESS (If rural, give location) 1 mi S of Campbell | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Cora | | b. (Middle) Lee | | c. (Last) Bowling | |
| 4. DATE OF DEATH | | (Month) Nov. (Day) 13 (Year) 1957 | | 5. SEX F | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 21, 1879 | | 9. AGE (In years last birthday) 78 | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | | 11. BIRTHPLACE (City and State or Foreign Country) Alabama | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Jim Sigemore | | 13b. MOTHER'S MAIDEN NAME Lusinda (unknown) | | 14. NAME OF HUSBAND OR WIFE James M. Bowling | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Luther Bowling ADDRESS Campbell Mo. P.O. Box 94 | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | | | | | | |
| DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 444X | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 2 | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Oct. 30 , 19 53 , to Nov. 13 , 19 57 , that I last saw the deceased alive on Nov. 13 , 19 57 , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Byron L. Franklin (Degree or title) | | | | 23b. ADDRESS Campbell, Mo. | | 23c. DATE SIGNED 11/14/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 15, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY M^c Graw Cemetery | | 24d. LOCATION (City, town, or county) (State) Senath, Mo. Rt. | |
| DATE REC'D BY LOCAL REG. 11-18-1957 | | REGISTRAR'S SIGNATURE Miss Paula Gimpf | | 25. FUNERAL DIRECTOR'S SIGNATURE Howard Tunal Service ADDRESS Heachville, Ark. | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-25-57

COUNTY FILE NUMBER 1157286

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Monty J. Brimer

Licensed Embalmer No. 5032

P. O. Address Laurelville, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.